

10/25/2011 07:56 IFAX fax@ssbls.com

Oct. 25. 2011p. 7:55AM 13:15

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312 No. 1913 FP. 234

002/008

Phone: (503) 938-2200  
Fax: (503) 376-4381Secretary of State  
Corporation Division  
265 Capitol St. NE, Suite 181  
Salem, OR 97310-1327

## Application for Authority to Transact Business—Business/Professional

Check the appropriate box below:

☒ FOREIGN BUSINESS CORPORATION  
(Complete only 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 14)☐ FOREIGN PROFESSIONAL CORPORATION  
(Complete all items)

For office use only

FILED

OCT - 3 2000  
OREGON  
SECRETARY OF STATE

Registry Number:

275604-81

Attach Additional Sheet if Necessary  
Please Type or Print Legibly in Black Ink1) NAME OF CORPORATION BP America Inc., a Corporation of Delaware

NOTE: Must be identical to the name on the Certificate of Existence. See § 2.

2) CERTIFICATE OF EXISTENCE (This application must be accompanied by a certificate of existence, current within 60 days of delivery to this Division authenticating by the official having custody of the corporate records in the jurisdiction of incorporation.)

☒ Certificate attached3) DATE OF INCORPORATION 07/19/1974 DURATION, IF NOT PERPETUAL4) STATE OR COUNTRY OF ORGANIZATION  
Delaware☐ CHECK HERE TO INDICATE ON YOUR REGISTRATION THAT YOU DO NOT WANT MAIL SOLICITATION.

5) ADDRESS OF PRINCIPAL OFFICE OF THE BUSINESS (Address, city, state, zip)

200 East Randolph Drive, Chicago, IL 60601

6) NAME OF OREGON REGISTERED AGENT

CT CORPORATION SYSTEM

7) ADDRESS OF THE OREGON REGISTERED OFFICE (Must be an Oregon Street Address which is identical to the registered agent's business office.)

601 SW Second Avenue, Suite 2030  
Portland, Oregon 97204

8) ADDRESS FOR MAILING NOTICES

200 East Randolph Drive  
Chicago, IL 60601

9) NAME AND ADDRESS OF PRESIDENT AND SECRETARY

President: R.D. Agdern  
Address: 200 East Randolph Drive  
Chicago, IL 60601Secretary: D.B. Pinkert  
Address: 200 East Randolph Drive  
Chicago, IL 60601

## PROFESSIONAL CORPORATION ONLY

10) SHAREHOLDERS (Name, street addresses and profession(s) of all shareholders, if any, who are licensed to render the professional service(s) in Oregon. Attach a separate sheet if necessary.)

11) PROFESSIONAL/BUSINESS SERVICES (List professional service(s) and other business services, if applicable, to be rendered.)

12) DIRECTORS (Name, street addresses and profession(s) of all directors who are licensed to render the professional service(s) in Oregon. Attach a separate sheet if necessary.)

13) EXECUTION

Printed Name  
D.A. PLUMB

Signature

D.A. Plumb

Title

Assistant Secretary

14) CONTACT NAME

DAYTIME PHONE NUMBER

CR121 (Rev. 6/97)

OR013 - CT Filing Manager Online

## FEES

Paper check for \$60 payable to "Corporation Division"

NOTE: Filing fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.